Dear Parents,

The intensive swimming program for Grades Three to Six will be conducted at the Laverton Swim and Fitness Centre, Jennings St, Laverton from Monday 4th February 2013 to Friday 15th February 2013, inclusively. With the Wyndham Leisure Centre closing for renovations, the program had to be moved to the new venue. Please complete the permission form and return it to your child’s teacher by Friday 6th December 2012. The children will travel by bus to the pool and the swimming times are as follows:

<table>
<thead>
<tr>
<th>SESSION</th>
<th>GRADES</th>
<th>DEPARTURE FROM SCHOOL</th>
<th>LESSON TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6A, 6B</td>
<td>9.05 am</td>
<td>9.30am – 10:00am</td>
</tr>
<tr>
<td>2</td>
<td>6C, 6D</td>
<td>9.30 am</td>
<td>10:00am - 10.30am</td>
</tr>
<tr>
<td>3</td>
<td>5A, 5B</td>
<td>10:00am</td>
<td>10:30am – 11:00am</td>
</tr>
<tr>
<td>4</td>
<td>5C, 4A</td>
<td>11:30am</td>
<td>12:00 pm - 12.30pm</td>
</tr>
<tr>
<td>5</td>
<td>4B, 4C</td>
<td>12:00pm</td>
<td>12:30pm - 1:00pm</td>
</tr>
<tr>
<td>6</td>
<td>3A, 3B</td>
<td>12:30pm</td>
<td>1:00pm - 1:30pm</td>
</tr>
<tr>
<td>7</td>
<td>3C</td>
<td>1:00pm</td>
<td>1:30pm – 2:00pm</td>
</tr>
</tbody>
</table>

N.B. The children will return to school approximately 40 minutes after the lesson concludes.

SWIM LEVELS

All children will be assessed in the first session and placed in appropriate swimming levels.

GENERAL INFORMATION

During the Swimming Program, the children are expected to wear their Sports Uniform every day. It is a good idea to wear bathers underneath the Sports Uniform and to bring a labelled bag (a supermarket bag is fine!) for towel, goggles, underwear etc. It is important for parents to label every item of their child’s clothing as this may save the frustration of searching the Lost Property Box later on. Children with long hair are advised to have it tied off the face and to wear a swimming cap if possible.

It is each child’s responsibility to come prepared for swimming lessons each day. Any children who forget their swimming bag will not be permitted to swim that day. Please note that, in the past, there has been a great deal of inconvenience in the office caused by children wishing to contact their parents because they have forgotten their swimming gear. Consequently we are unable to continue to do this, so to avoid disappointment, please encourage your child to be organised. If your child is unable to swim on any given day during the program, he/she will still travel to the pool with the class to be supervised by the class teacher.

We will require parental assistance throughout the program. All helpers must hold a Working With Children card. Please indicate on the slip below your availability.

It is necessary for all parents to complete the attached form and return it to school by Friday December 6th 2012. Please note that a separate form is required for each child.

Thank you for your co-operation,

Yours sincerely,

Leanne Stafford
SPORT CO-ORDINATOR / P.E TEACHER
**Please return this form to your child's class teacher as soon as possible and no later than Friday 6th December 2012.**

CHILD'S NAME: ______________________  Child's grade _____

PARENT'S NAME: ______________________

CONSENT CLAUSE
I give permission for my child ___________________________ of Grade ___________________________ to attend the Swimming Program at the Laverton Swim and Fitness Centre, Laverton from Monday 4th February to Friday 15th February 2013. I understand my child will be travelling by bus.

Emergency contact number(s) for the swimming program: ________________________________

Please provide details of any medical conditions of which the person in charge of your child’s group would need to be aware

____________________________________________________________________________________

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion to:

- Consent to ___________________________ (child's name) receiving such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident:
- Administer or consent to such first aid as the teacher in charge of the excursion may consider being reasonable necessary in the event of illness or accident.
- I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for the payment of all expenses incurred in relation to such treatment and any emergency transportation required.
- I also accept that my child may be returned home early from the excursion or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.

Parent Signature ___________________________ Date ___________________________

____________________________________________________

Name: ____________________________________________

☐ I have a Working With Children card. I am able to travel on the bus and assist with the swimming program. Please circle the days you are available.

MONDAY 4th       TUESDAY 5th       WEDNESDAY 6th       THURSDAY 7th       FRIDAY 8th
MONDAY 11th      TUESDAY 12th      WEDNESDAY 13th      THURSDAY 14th      FRIDAY 15th